BOE-267-L2 (P1) REV 02 (05-19)

# Vincent P. Kehoe County of Mariposa Assessor/Recorder

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## WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSING — LOWER INCOME HOUSEHOLDS — TENANT DATA

This claim is filed for fiscal year 20 — 20				
This is a Supplemental Affidavit filed with				
BOE-267, Claim for Welfare Exemption (First Filing)				
☐ BOE-267-A, Claim for Welfare Exemption (Ann	nual Filing)			
In the case of a claim, for low-income rental housing liability company, that does not receive government f certain limit if 90 percent or more of the occupants of the by Section 50053 of the Health and Safety Code. The to a taxpayer, with respect to a single property or multiple must complete this affidavit if you checked box C(3) in of section 214(g)(1)(C).	inancing or receive low- ne property are lower inco otal exemption amount al e properties, may not ex	income housing tax of ome households whos llowed under Revenue ceed twenty million do	credits, may qualify for se rent does not exceed and Taxation Code se bllars (\$20,000,000) in a	r exemption up to a I the rent prescribed ction 214(g)(1)(C) to assessed value. You
SECTION 1. IDENTIFICATION OF APPLICANT AND I	DENTIFICATION OF PR	ROPERTY		
Name of Organization			Corporate ID or LLC Number	
Address of Property (number and street)				
City, County, Zip Code				
an affidavit reporting the following information on the units income, the maximum rent that can be charged to the ho additional sheets as necessary. Report information for each Address/Unit Number	ousehold, and the actual r th unit that was reported in No. of Persons in	ent. Use the table belo Section 4, part B of for Annual Household	w to provide the require m BOE-267-L.  Maximum Allowable	ed information. Attach  Actual Rent
	Household	Income	Rent That Can Be Charged for the Unit	Charged to the Tenant
I certify (or declare) under penalty of perjury under the any accompanying statements or doc	CERTIFICA laws of the State of Califo cuments, is true, correct, a	ornia that the foregoing	and all information conta of my knowledge and b	ained herein, including elief.
NAME OF CLAIMANT	TITLE			DATE
SIGNATURE OF CLAIMANT	DAYTIME TELEP	HONE	EMAIL ADDRESS	
THIS DOCUMENT IS CONFID	ENTIAL AND IS NO	T SUBJECT TO P	LIBLIC DISCLOSU	RF



# INSTRUCTIONS FOR FILING WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSING — LOWER INCOME HOUSEHOLDS — TENANT DATA

#### **FILING OF AFFIDAVIT**

This affidavit is required under the provisions of sections 214(g)(1)(C), 214.17, and 259.14 of the Revenue and Taxation Code and must be filed when seeking exemption on low-income housing property, owned and operated by a nonprofit organization or eligible limited liability company, that <u>does not</u> receive government financing or state/federal low-income housing tax credits. A separate affidavit must be filed for each location upon which you are seeking exemption under the provisions of section 214(g)(1)(C). This affidavit supplements the claim for Welfare Exemption and must be filed, for certain properties, with the County Assessor by February 15 to avoid a late filing penalty under section 270. If you indicated on supplemental affidavit form BOE-267-L that you seek exemption under the criteria of Revenue and Taxation code section 214(g)(1)(C), by checking box (C)(3) in SECTION 3 of that form, you must complete and file this form; failure to do so will result in denial of the exemption. In accordance with Revenue and Taxation Code section 259.14, the Assessor shall keep this information confidential.

### **FISCAL YEAR**

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2018 would enter "2018-2019" on line four of the claim; a "2017-2018" entry on a claim filed in February 2018 would signify that a late claim was being filed for the preceding fiscal year.

#### **SECTION 1. Identification of Applicant and Property**

Identify the name of the organization seeking exemption on the low-income housing property, corporate identification number or LLC number assigned by the California Secretary of State. Identify the location of the low-income housing property and county in which the property is located.

#### **SECTION 2. Household Information**

Provide the requested household information on all units occupied by lower income households for which the organization is seeking exemption. This listing must include all households for which exemption is sought in Section 4 of form BOE-267-L, Welfare Exemption Supplemental Affidavit, Housing—Lower Income Households.

